

ATTACHMENT 2A

Wave 1 Survey (online, English)

Public reporting burden of this collection of information is estimated to average of 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-####).

Cancer Type Fill

Depending on what type of cancer the respondent has (breast, cervical, or colorectal), the type will fill automatically on a number of questions. For example, “What was your marital status when you were first diagnosed with breast cancer?” We’ve included screenshots of each type of diagnosis for the whole survey – respondents will only answer **one** version of the survey in their preferred language, English **or** Spanish.

For Respondents with Breast Cancer

CDC Barriers Survey

English

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Si desea completar la encuesta en español, seleccione español en el menu despegable en la parte superior derecha de la pantalla.

Thank you for agreeing to participate in this study. This survey will take you about 20 minutes to complete. After you submit the survey, you will receive a \$40 check or electronic gift card as a token of appreciation for your time.

A goal of this study is to collect information about barriers you may have faced along the cancer continuum – from screening to diagnosis and treatment.

This survey includes questions on several topics. For example, you'll be asked about the type of cancer you had, how old you were at diagnosis, and whether you had insurance. Some of these questions ask you to think back to events that may have occurred a few years ago.

Although the answers may be hard to remember, please do the best you can. There are no right or wrong answers to any of these questions. You should just report what you have been through as an individual diagnosed with or living with cancer.

Participation in this study is voluntary. Questions answered in this study will not affect your health care. You can skip any question you do not want to answer. Just go on to the next question. You may exit the survey at any time. You may also complete the survey in multiple sittings; your answers will be saved. Joining this study has minimal risks. Some of the questions on the survey may be upsetting, but you don't have to answer them. Protections are in place to keep your data as safe as possible.



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Progress



5%

CDC Barriers Survey

English ▼

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What is your biological sex? This is a category that is based upon your original birth certificate.

- ☐ Male
- ☐ Female
- ☐ Prefer not to answer

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Progress  7%

CDC Barriers Survey

English ▼

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How old are you?

- ☐ 21-24 years old
- ☐ 25-29 years old
- ☐ 30-34 years old
- ☐ 35-39 years old
- ☐ 40-44 years old
- ☐ 45-49 years old
- ☐ 50-54 years old
- ☐ 55-59 years old
- ☐ 60-64 years old
- ☐ 65-69 years old
- ☐ 70-74 years old
- ☐ 75 years old or older

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Progress  7%

CDC Barriers Survey

English ▼

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What was your marital status when you were first diagnosed with breast cancer?

- ☐ Never married
- ☐ Married
- ☐ Living together with a partner as an unmarried couple / cohabitating
- ☐ Widowed
- ☐ Separated or divorced

What is your current marital status?

- ☐ Never married
- ☐ Married
- ☐ Living together with a partner as an unmarried couple / cohabitating
- ☐ Widowed
- ☐ Separated or divorced

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Progress  11%

CDC Barriers Survey

English ▼

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What was your employment status when you were first diagnosed with breast cancer?

- ☐ Employed for pay (including self-employed) – 40 or more hours per week
- ☐ Employed for pay (including self-employed) – Less than 40 hours per week
- ☐ Retired
- ☐ Homemaker
- ☐ Student
- ☐ Out of work for 1 year or more
- ☐ Out of work for less than 1 year
- ☐ Unable to work (e.g., due to disability, work authorization)

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Progress  12%

CDC Barriers Survey

English ▼

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What is your current employment status?

- ☐ Employed for pay (including self-employed) – 40 or more hours per week
- ☐ Employed for pay (including self-employed) – Less than 40 hours per week
- ☐ Retired
- ☐ Homemaker
- ☐ Student
- ☐ Out of work for 1 year or more
- ☐ Out of work for less than 1 year
- ☐ Unable to work (e.g., due to disability, work authorization)

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Progress  13%

CDC Barriers Survey

English ▼

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What was your total household income in 2021?

- ☐ Less than \$20,000
- ☐ \$20,001–\$40,000
- ☐ \$40,001–\$60,000
- ☐ \$60,001–\$80,000
- ☐ \$80,001–\$100,000
- ☐ \$100,001–\$120,000
- ☐ More than \$120,000
- ☐ Don't know

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Progress  14%

CDC Barriers Survey

English ▼

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What was your health insurance status when you were first diagnosed with breast cancer? Please select all that apply.

- ☐ No insurance
- ☐ Lapse in coverage
- ☐ Private health insurance (purchased on your own or from your job or from your spouse's / partner's / parent's job)
- ☐ Medicaid/Medi-Cal
- ☐ Medicare/Medicare Advantage
- ☐ Military (Tricare, Champ-VA, or some other military insurance)
- ☐ Other - Please specify health insurance:

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Progress

14%

CDC Barriers Survey

English ▼

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What is your current health insurance status? Please select all that apply.

- ☐ No insurance
- ☐ Lapse in coverage
- ☐ Private health insurance (purchased on your own or from your job or from your spouse's / partner's / parent's job)
- ☐ Medicaid/Medi-Cal
- ☐ Medicare/Medicare Advantage
- ☐ Military (Tricare, Champ-VA, or some other military insurance)
- ☐ Other - Please specify:

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Progress

15%

CDC Barriers Survey

English ▼

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What is the highest level of school that you completed?

- ☐ Elementary or middle school
- ☐ 9th –12th grade but not a high school graduate
- ☐ High school graduate or GED
- ☐ Some college or technical school
- ☐ College graduate
- ☐ Post-graduate or professional degree

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Progress  16%

What was your zip code at the time of your breast cancer diagnosis?

- ☐ I lived in multiple zip codes around the time of my cancer diagnosis.
- ☐ Don't know

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Progress  20%

Please enter the zip codes where you lived.

Zip Code 1:

Zip Code 2:

Zip Code 3:

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Progress  21%

CDC Barriers Survey

English ▼

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Which best describes your home at the time of your diagnosis?

- ☐ A one-family house detached from any other house (including mobile homes)
- ☐ A one-family house attached to one or more houses (e.g., townhome, duplex)
- ☐ An apartment building, apartment complex, or condo
- ☐ I did not have stable housing (staying in a hotel, in a shelter, living outside on the street or in a park, etc.)
- ☐ Other (please specify):

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Progress  21%

CDC Barriers Survey

English ▼

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Think about your household, which includes everyone who lives with you.

Please indicate whether the following statements are often true, sometimes true, or never true.

"Within the past 12 months, we worried whether our food would run out before we had money to buy more."

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

"Within the past 12 months, the food we bought just didn't last and we didn't have money to get more."

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

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Progress  23%

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**Before your breast cancer diagnosis, what condition(s) had you been diagnosed with?
Select all that apply.**

- ☐ Arthritis, rheumatism, or gout
- ☐ Benign tumors or cysts
- ☐ Cancers other than breast cancer
- ☐ Chronic pain
- ☐ Circulation problems (including blood clots)
- ☐ Dementia or Alzheimer's
- ☐ Depression, anxiety, or emotional problem
- ☐ Diabetes
- ☐ Epilepsy or seizures
- ☐ Fibromyalgia or lupus
- ☐ Gastrointestinal conditions or disorders
- ☐ Hearing problem
- ☐ Heart problem
- ☐ Hernia
- ☐ Hypertension or high blood pressure
- ☐ Kidney, bladder, or renal problems
- ☐ Lung or breathing problem (e.g., asthma and emphysema)
- ☐ Migraine headaches (not just headaches)
- ☐ Multiple Sclerosis (MS) or Muscular Dystrophy (MD)
- ☐ Osteoporosis or tendinitis
- ☐ Parkinson's disease or other tremors
- ☐ Stroke
- ☐ Thyroid problems or Graves' disease
- ☐ Ulcer
- ☐ Vision problem or problem seeing
- ☐ Weight problem
- ☐ Other impairment or problem - Please specify one:
- ☐ None of the above

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Progress  24%

CDC Barriers Survey

English ▼

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Have you had a hysterectomy?

- ☐ Yes, full hysterectomy
- ☐ Yes, partial hysterectomy
- ☐ Yes, not sure if full or partial hysterectomy
- ☐ No

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Progress  25%

CDC Barriers Survey

English ▼

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Have you ever tested positive for COVID-19? Select all that apply.

- ☐ No
- ☐ Yes, before my cancer diagnosis.
- ☐ Yes, during my cancer treatment.
- ☐ Yes, after my cancer treatment.

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Progress  27%

Have you ever been hospitalized due to COVID-19?

- ☐ No
- ☐ Yes

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Progress  27%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Is there a doctor's office, clinic, health center, or other place where you usually go if you are sick or need advice about your health (regular, non-cancer-related care)? This does not include care received in Emergency Rooms (ER), urgent care centers, or drug/grocery store clinics.

- ☐ Yes
- ☐ No

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Progress  28%

The next questions are about colorectal cancer screening tests.

Have you ever had a test to check for colorectal cancer before your diagnosis?

	Yes	No
Stool test, except Cologuard [Includes several types of blood stool or occult blood test, fecal immunochemical or FIT test. You use a kit at home to collect a small amount of stool and send it back to the doctor or lab.]	<input checked="" type="radio"/>	<input type="radio"/>
Cologuard [Cologuard is also a kit that you use at home to collect stool samples. Unlike other stool tests, the test looks for changes in DNA in addition to checking for blood in your stool]	<input checked="" type="radio"/>	<input type="radio"/>
Sigmoidoscopy [The doctor inserts a tube into the rectum to check only part of the colon and you are fully awake]	<input checked="" type="radio"/>	<input type="radio"/>
Colonoscopy [The doctor inserts a tube into the rectum to check the entire colon, and you are given medication to make you sleepy, and told to have someone take you home]	<input checked="" type="radio"/>	<input type="radio"/>
CT Colonography or Virtual Colonoscopy [Unlike regular colonoscopies, you do not need medication to make you sleepy. Your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach]	<input checked="" type="radio"/>	<input type="radio"/>

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Progress



29%

You indicated that you had the following test(s):

Stool test, except Cologuard
Cologuard
Sigmoidoscopy
Colonoscopy
CT Colonography or Virtual Colonoscopy

For each test, about how long has it been since your MOST RECENT test using the selected method?

	Within past year (< 12 months ago)	Within past 2 years (over 1 year but < 2 years ago)	Within past 3 years (over 2 years but < 3 years ago)	Within past 5 years (over 3 years but < 5 years ago)	Within past 10 years (over 5 years but < 10 years ago)	10+ years ago
Stool test, except Cologuard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cologuard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sigmoidoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT Colonography or Virtual Colonoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress



30%

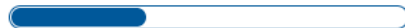
What was the reason for the following test(s)?

	Part of a routine exam / check-up	Because of a problem or symptom	Follow-up to a (positive) screening test	Other reason (e.g., family history, genetic predisposition)
Sigmoidoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT Colonography or Virtual Colonoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress



34%

CDC Barriers Survey

English ▼

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Before your diagnosis, were you able to schedule your colorectal cancer screening within a reasonable timeframe?

- ☐ Yes
- ☐ No

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Progress  35%

CDC Barriers Survey

English ▼

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The next questions are about cervical cancer screening tests.

There are two different kinds of tests to check for cervical cancer. One is a Pap smear or Pap test and the other is the HPV or Human Papillomavirus test.

Have you ever had a test to check for cervical cancer?

These are tests for women in which a doctor or other health professional takes a sample from the cervix with a swab or brush and sends it to the lab.

	Yes	No	Don't know
Pap smear or Pap test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HPV or Human Papillomavirus test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress  41%

CDC Barriers Survey

English ▼

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You indicated that you had the following test(s):

Pap smear or Pap test
HPV or Human Papillomavirus test

For each test, about how long has it been since your MOST RECENT test using the selected method?

	Within past year (< 12 months ago)	Within past 2 years (over 1 year but < 2 years ago)	Within past 3 years (over 2 years but < 3 years ago)	Within past 5 years (over 3 years but < 5 years ago)	Within past 10 years (over 5 years but < 10 years ago)	10+ years ago
Pap smear or Pap test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HPV or Human Papillomavirus test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 42%

CDC Barriers Survey

English ▼

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What was the reason for each test?

	Part of a routine exam / check-up	Because of a problem or symptom	Follow-up to a (positive) screening test	Other reason (e.g., family history, genetic predisposition)
Pap smear or Pap test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HPV or Human Papillomavirus test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 45%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Before your diagnosis, were you able to schedule your cervical cancer screening within a reasonable timeframe?

- ☐ Yes
- ☐ No
- ☐ Don't know

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Progress  46%

CDC Barriers Survey

English ▼

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The next questions are about breast cancer screening tests, or mammograms.

A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.

Have you ever had a mammogram to check for breast cancer?

- ☐ Yes
- ☐ No

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Progress  50%

CDC Barriers Survey

English ▼

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You indicated that you had a mammogram.

About how long has it been since your MOST RECENT mammogram?

- ☐ Within the past year (Less than 12 months ago)
- ☐ Within the past 2 years (over 1 year but less than 2 years ago)
- ☐ Within the past 3 years (over 2 years but less than 3 years ago)
- ☐ Within the past 5 years (over 3 years but less than 5 years ago)
- ☐ Within the past 10 years (over 5 years but less than 10 years ago)
- ☐ 10 or more years ago
- ☐ Don't know

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Progress  51%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What was the reason for your mammogram?

- ☐ Part of a routine exam / check-up
- ☐ Because of a problem or symptom
- ☐ Follow-up to a (positive) screening test
- ☐ Other reason (e.g., family history, genetic predisposition)

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Progress  53%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Before your diagnosis, were you able to schedule your mammogram within a reasonable timeframe?

- ☐ Yes
☐ No

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Progress  54%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What were the top non-medical issues you faced when staying up-to-date with your mammogram?

Select all that apply - up to 5.

- ☐ **Could not afford care** (e.g., cost too much; other competing expenses)
- ☐ **No insurance coverage, or insurance company would not approve, cover or pay for care**
- ☐ **Problems getting transportation to/from doctor's office for cancer screening**
- ☐ **Unable to understand the doctor's language or language of screening instructions/materials** (e.g., different language without access to interpretation)
- ☐ **Medical information was too hard to understand**
- ☐ **Could not get time off work for appointments and care** (e.g., no paid sick leave, no flexible work schedule, no medical leave)
- ☐ **Didn't know where to go to get care** (e.g., no primary doctor or usual source of care to make referral; unfamiliar with local providers; local specialty practice closed)
- ☐ **Was refused services** (e.g., out of network provider, not accepting new patients)
- ☐ **Couldn't get dependent care** (e.g., for child, elderly relative, or relative with a disability)
- ☐ **Could not get a friend or family member to go with me to appointment**
- ☐ **Took too long to get an appointment that worked for my schedule**
- ☐ **Experienced discrimination** (e.g., racial or ethnic discrimination, gender, weight, sexual orientation, disability status)
- ☐ **Afraid of the potential diagnosis, of discomfort, embarrassment, or pain associated with the screening procedure**
- ☐ **Did not feel screening was urgent** (e.g., never thought about scheduling a screening; put it off / didn't get around to it; haven't had any problems or symptoms)
- ☐ **Did not know I needed it / doctor did not say screening was needed**
- ☐ **Other**
- ☐ **Did not face any issues with scheduling my breast cancer screening.**

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Progress  55%

CDC Barriers Survey

English ▼

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Of the top issues you selected, please rank them, with "1" being the most important.

- ☐ **Could not afford care** (e.g., cost too much; other competing expenses)
- ☐ **No insurance coverage, or insurance company would not approve, cover or pay for care**
- ☐ **Problems getting transportation to/from doctor's office for cancer screening**
- ☐ **Unable to understand the doctor's language or language of screening instructions/materials** (e.g., different language without access to interpretation)
- ☐ **Medical information was too hard to understand**

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Progress  57%

Please select the top 5 factors that made it easier to get your mammogram on-time.

- ☐ Worked with a nurse/patient navigator who provided additional support
- ☐ Was able to afford care
- ☐ Was able to cover all my expenses like food
- ☐ Had permanent, stable housing
- ☐ Insurance covered most of my medical costs
- ☐ Easy access to transportation
- ☐ Convenient location of health care provider
- ☐ Was able to take time off work for appointment (e.g., paid sick leave, flexible work schedule, medical leave available)
- ☐ Connected to a provider by someone I know (e.g., doctor, nurse, family member, friend, others on social media)
- ☐ Was able to get an appointment with a doctor or specialist within a reasonable timeframe
- ☐ Was able to make arrangements for dependent care (e.g., for child, elderly relative, or relative with a disability), if needed
- ☐ Was treated with respect by my doctor or specialist
- ☐ Was able to understand medical information that was shared with me
- ☐ Other - please specify:

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Progress  57%

CDC Barriers Survey

English ▼

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The next few questions are about the process of getting your cancer diagnosis.

Did you receive an initial misdiagnosis prior to your cancer diagnosis?

- ☐ Yes
- ☐ No

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Progress  58%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

How much time passed between your first test (e.g., positive screening test or test that you had because of symptoms) and receiving your cancer diagnosis?

- ☐ Less than 1 month
- ☐ 1 month to under 2 months
- ☐ 2 months to under 3 months
- ☐ 3 months to under 6 months
- ☐ 6 months or more
- ☐ Don't know

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Progress  59%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What were the top non-medical issues you faced when getting your cancer diagnosis?

Select all that apply - up to 5.

- ☐ **Could not afford care** (e.g., cost too much; other competing expenses)
- ☐ **No insurance coverage, or insurance company would not approve, cover or pay for care**
- ☐ **Problems getting transportation to/from doctor's office to undergo a procedure**
- ☐ **Unable to understand the doctor's language** (e.g., different language without access to interpretation)
- ☐ **Medical information was too hard to understand**
- ☐ **Could not get time off work for appointments and care** (e.g., no paid sick leave, no flexible work schedule, no medical leave)
- ☐ **Didn't know where to go to get care** (e.g., no primary doctor or usual source of care to make referral; unfamiliar with local providers; local specialty practice closed)
- ☐ **Was refused services** (e.g., out of network provider, not accepting new patients)
- ☐ **Couldn't get dependent care** (e.g., for child, elderly relative, or relative with a disability)
- ☐ **Could not get a friend or family member to go with me to appointment**
- ☐ **Took too long to get an appointment that worked for my schedule**
- ☐ **Experienced discrimination** (e.g., racial or ethnic discrimination, gender, weight, sexual orientation, disability status)
- ☐ **Afraid of the potential diagnosis, or of hearing diagnosis without a loved one present**
- ☐ **Other**
- ☐ **Did not encounter any issues.**

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Progress  60%

If patient selects problems, they will see:

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Of the top issues you selected, please rank them, with "1" being the most important.

- ☐ **Could not afford care** (e.g., cost too much; other competing expenses)
- ☐ **No insurance coverage, or insurance company would not approve, cover or pay for care**
- ☐ **Problems getting transportation to doctor's office to/from undergo a procedure**
- ☐ **Unable to understand the doctor's language** (e.g., different language without access to interpretation)
- ☐ **Medical information was too hard to understand**

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Progress 62%

If they did not encounter any problems, they will see:

Please select the top 5 factors that made it easier for you to get a timely cancer diagnosis.

- ☐ Worked with a nurse/patient navigator who provided additional support
- ☐ Was able to afford care
- ☐ Was able to cover all my expenses like food
- ☐ Had permanent, stable housing
- ☐ Insurance covered most of my medical costs
- ☐ Easy access to transportation
- ☐ Convenient location of health care provider
- ☐ Was able to take time off work for appointment (e.g., paid sick leave, flexible work schedule, medical leave available)
- ☐ Connected to a provider by someone I know (e.g., doctor, nurse, family member, friend, others on social media)
- ☐ Was able to get an appointment with a doctor or specialist within a reasonable timeframe
- ☐ Was able to make arrangements for dependent care (e.g., for child, elderly relative, or relative with a disability), if needed
- ☐ Was treated with respect by my doctor or specialist
- ☐ Was able to understand medical information that was shared with me
- ☐ Other - please specify:

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Progress 62%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Did you seek a second opinion about your cancer diagnosis?

- ☐ Yes
- ☐ No

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Progress  64%

Were you able to receive the second opinion in a reasonable timeframe (e.g., within 3 weeks)?

- ☐ Yes
- ☐ No
- ☐ Don't know

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Progress  64%

CDC Barriers Survey

English ▼

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How difficult was it to see a doctor about your cancer diagnosis?

- ☐ Not at all difficult
- ☐ Slightly difficult
- ☐ Difficult
- ☐ Very difficult

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Progress  65%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

The next questions are about your cancer treatment.

Were you able to begin treatment on-schedule with your doctor's recommendation?

- ☐ Yes
- ☐ No, the start of my treatment was delayed (e.g., I chose to delay, or my provider was unavailable)
- ☐ No, I chose not to engage in medical treatment.

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Progress  68%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What were the top non-medical issues you faced during your cancer treatment?

Select all that apply - up to 5.

- ☐ **Could not afford care** (e.g., cost too much; other competing expenses)
- ☐ **No insurance coverage, or insurance company would not approve, cover or pay for care**
- ☐ **Problems getting transportation to/from doctor's office for treatment**
- ☐ **Unable to understand the doctor's language** (e.g., different language without access to interpretation)
- ☐ **Medical information was too hard to understand**
- ☐ **Could not get time off work for appointments and care** (e.g., no paid sick leave, no flexible work schedule, no medical leave)
- ☐ **Didn't know where to go to get care** (e.g., no primary doctor or usual source of care to make referral; unfamiliar with local providers; local specialty practice closed)
- ☐ **Was refused services** (e.g., out of network provider, not accepting new patients)
- ☐ **Couldn't get dependent care** (e.g., for child, elderly relative, or relative with a disability)
- ☐ **Could not get a friend or family member to go with me to appointment**
- ☐ **Took too long to get an appointment that worked for my schedule**
- ☐ **Experienced discrimination** (e.g., racial or ethnic discrimination, gender, weight, sexual orientation, disability status discrimination)
- ☐ **Afraid the treatment will be too painful or unpleasant**
- ☐ **Other**
- ☐ **Did not encounter any issues.**

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Progress  69%

If patients select any problems, they will see:

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Of the top issues you selected, please rank them, with "1" being the most important.

- ☒ **Could not afford care** (e.g., cost too much; other competing expenses)
- ☐ **No insurance coverage, or insurance company would not approve, cover or pay for care**
- ☐ **Problems getting transportation to/from doctor's office for treatment**
- ☐ **Unable to understand the doctor's language** (e.g., different language without access to interpretation)
- ☐ **Medical information was too hard to understand**

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Progress  71%

If they select "Did not encounter any problems", they will see:

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please select the top 5 factors that made it easier to get medical care for your cancer treatment.

- ☐ Worked with a nurse/patient navigator who provided additional support
- ☐ Was able to manage side effects
- ☐ Was able to afford care
- ☐ Was able to cover all my expenses like food
- ☐ Had permanent, stable housing
- ☐ Insurance covered most of my medical costs
- ☐ Easy access to transportation
- ☐ Convenient location of health care provider
- ☐ Was able to take time off work for appointments and care (e.g., paid sick leave, flexible work schedule, medical leave available)
- ☐ Connected to a provider by someone I know (e.g., doctor, nurse, family member, friend, others on social media)
- ☐ Was able to get an appointment with a doctor or specialist within a reasonable timeframe
- ☐ Was able to make arrangements for dependent care (e.g., for child, elderly relative, or relative with a disability), if needed
- ☐ Was treated with respect by my doctor or specialist
- ☐ Was able to understand medical information that was shared with me
- ☐ Other - please specify:

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Progress  71%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Have you experienced any of the following challenges in accessing cancer care or treatment due to the COVID-19 pandemic? Please select all that apply.

- ☐ I had a hard time getting an appointment because of limited appointments or clinic availability.
- ☐ I didn't go to an appointment because it was only available by telephone or video call.
- ☐ I didn't go to an appointment because I was worried about exposure to COVID-19.
- ☐ I didn't go to an appointment because I tested positive for COVID-19
- ☐ I couldn't get to an appointment because my caregiver was not able to come with me (e.g., due to contact restrictions, not wanting to be exposed to COVID-19, or caregiver was an essential worker and unable to take time off work).
- ☐ My appointment was postponed.
- ☐ My appointment was cancelled.
- ☐ I had challenges getting my cancer prescriptions filled.
- ☐ Other challenges – Please specify:
- ☐ I have not experienced any challenges in getting timely cancer care and treatment.

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Progress



72%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What precautions did your provider take while you received treatment during the pandemic? Select all that apply.

- ☐ Required masks
- ☐ Added hand sanitizer to waiting room and/or exam rooms
- ☐ Put social distancing measures in place in waiting room
- ☐ Limited number of family members who could accompany me to appointments
- ☐ Closed the waiting room (patients check in by phone)
- ☐ Limited number of patients in the office at the same time/reduced number of daily appointments
- ☐ Required COVID screening (e.g., temperature check, symptom screener) prior to entering building for treatment
- ☐ Added air purifiers to treatment room(s)
- ☐ Extended access to clinical staff (e.g., 24/7 nurses' line, weekend office hours) to prevent emergency department visits due to side effects
- ☐ Required all clinic staff to be up-to-date with COVID vaccination
- ☐ Offered telehealth visits
- ☐ Other – Please specify:
- ☐ Don't know

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Progress  73%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Were there any precautionary measures for COVID-19 that were a barrier to you receiving treatment?

- ☐ Yes
- ☐ No

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Progress  75%

Please describe your experience (optional):

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Next >

Progress



75%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Below is a list of statements that other people with your illness have said are important.

Please select your response to the following statement as it applies to the **past 7 days**.

	1 – Not at all	2 - A little bit	3 - Somewhat	4 - Quite a bit	5– Very much
I have a lack of energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have nausea.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry that my condition will get worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am sleeping well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to enjoy life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am content with the quality of my life right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress



76%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What types of cancer treatment have you received? If you have been diagnosed with cancer more than once, please think about treatment for your most recent diagnosis for breast cancer. Select all that apply.

- ☐ IV Chemotherapy
- ☐ Oral Chemotherapy
- ☐ Radiation
- ☐ Surgery
- ☐ Immunotherapy (e.g., interferon or cancer vaccines) or another biological therapy (e.g., Car-T, Gleevec, Iressa, Tarceva, Herceptin, or Erbitux)
- ☐ Hormonal therapy (e.g., Tamoxifen, Adjuvant, Zoladex, Lupron)
- ☐ Precision medicine / targeted therapy (using medication to target specific genes and proteins of the cancer)
- ☐ Bone marrow or stem cell transplant
- ☐ Complementary and alternative therapy (e.g., acupuncture, reiki)
- ☐ Other – Please specify:
- ☐ I have not received any medical treatment for cancer

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Progress 77%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please select whether you have completed the following treatment(s) for your breast cancer.

	Yes	No	Don't know
IV Chemotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Chemotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunotherapy (e.g., interferon or cancer vaccines) or another biological therapy (e.g., Car-T, Gleevec, Iressa, Tarceva, Herceptin, or Erbitux)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hormonal therapy (e.g., Tamoxifen, Adjuvant, Zoladex, Lupron)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Precision medicine / targeted therapy (using medication to target specific genes and proteins of the cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bone marrow or stem cell transplant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complementary and alternative therapy (e.g., acupuncture, reiki)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 78%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

When choosing a treatment course for your cancer, did you consider the costs of specific treatments?

- ☐ Yes, a great deal
- ☐ Yes, somewhat
- ☐ No, not at all

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Progress  79%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

How would you describe your reaction to the money you spent or are spending for cancer treatment?

I spent/am spending...

- ☐ ...more money than I expected
- ☐ ...about as much money as I expected
- ☐ ...less money than I expected

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Progress  80%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Overall, how informed did you feel about the potential side effects from treatment?

- ☐ Very
- ☐ Somewhat
- ☐ Not at all

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Progress  82%

Please describe your experience (optional):

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Progress



82%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

In general, how often did your doctor(s) or other healthcare providers show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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Progress



84%

Please describe your experience (optional):

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Progress



84%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

In general, how often did your doctor(s) or other healthcare providers give you as much cancer-related information as you wanted?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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Progress  85%

Please describe your experience (optional):

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Progress  85%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

We will be conducting 1-hour phone /online interviews with a subset of individuals diagnosed with or living with cancer who complete this survey and are willing to volunteer their time. The purpose of the interview is to learn more about your experiences from cancer screening through treatment and beyond.

Would you like to be considered to participate in a 1-hour phone/online interview?

- ☐ Yes
- ☐ No

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Progress  86%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please provide your phone number:

Please provide your e-mail address:

Please retype the email address for confirmation:

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Next >

Progress  89%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

The support of a caregiver during your cancer journey can be important. A person in this role typically provides ongoing support at multiple times during your cancer treatment.

If you had someone who fits this description, may we contact them about participating in a brief survey? The survey will ask about their experience providing care. Caregivers must be 18 years of age or older to participate in the survey. They will receive \$40 for completing the survey.

- ☐ Yes
☐ No

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Next >

Progress  91%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please provide the name, address, and email-address for this caregiver.

Name:

Street address line 1:

Street address line 2:

City:

State:

Zip code:

E-mail address:

Please retype the email address for confirmation:

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Progress  93%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

As a thank you for completing this survey, we will provide you with \$40. Do you prefer to receive an electronic VISA gift card emailed to you or a check mailed to your home?

Processing time for an e-card is about a week. Processing time for a check is about 3-4 weeks.

- ☐ Electronic gift card emailed to me
- ☐ Check mailed to my home

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Progress  95%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please enter your contact information so that we may send you a \$40 check.

Full name:

Street address 1:

Street address 2:

City:

State:

Zip code:

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Next >

Progress  96%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please enter your email address for the electronic gift card:

Please retype the email address for confirmation:

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Next >

Progress  98%

CDC Barriers Survey

English ▼

Thank you!

If you have any questions about the survey, please do not hesitate to call us toll free at (833) 997-2714 or email us at CDC_CancerSurvey@rti.org. We may contact you again to complete another brief survey. Please click [SUBMIT] to submit your responses.

Submit

Progress  100%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Si desea completar la encuesta en español, seleccione español en el menu desplegable en la parte superior derecha de la pantalla.

Thank you for agreeing to participate in this study. This survey will take you about 20 minutes to complete. After you submit the survey, you will receive a \$40 check or electronic gift card as a token of appreciation for your time.

A goal of this study is to collect information about barriers you may have faced along the cancer continuum – from screening to diagnosis and treatment.

This survey includes questions on several topics. For example, you'll be asked about the type of cancer you had, how old you were at diagnosis, and whether you had insurance. Some of these questions ask you to think back to events that may have occurred a few years ago.

Although the answers may be hard to remember, please do the best you can. There are no right or wrong answers to any of these questions. You should just report what you have been through as an individual diagnosed with or living with cancer.

Participation in this study is voluntary. Questions answered in this study will not affect your health care. You can skip any question you do not want to answer. Just go on to the next question. You may exit the survey at any time. You may also complete the survey in multiple sittings; your answers will be saved. Joining this study has minimal risks. Some of the questions on the survey may be upsetting, but you don't have to answer them. Protections are in place to keep your data as safe as possible.



Next >

Progress  5%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

When you were diagnosed, what was the stage of your cervical cancer?

- ☒ Stage 0
- ☐ Stage 1
- ☐ Stage 2
- ☐ Stage 3
- ☐ Stage 4
- ☐ Don't know / can't remember

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Next >

Progress



6%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What is your biological sex? This is a category that is based upon your original birth certificate.

- ☐ Male
- ☐ Female
- ☐ Prefer not to answer

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Next >

Progress  7%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

How old are you?

- ☐ 21-24 years old
- ☐ 25-29 years old
- ☐ 30-34 years old
- ☐ 35-39 years old
- ☐ 40-44 years old
- ☐ 45-49 years old
- ☐ 50-54 years old
- ☐ 55-59 years old
- ☐ 60-64 years old
- ☐ 65-69 years old
- ☐ 70-74 years old
- ☐ 75 years old or older

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Next >

Progress  7%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What is your race and/or ethnicity? Select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other - Please specify:
- ☐ Don't know
- ☐ Prefer not to answer

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Next >

Progress



8%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What was your marital status when you were first diagnosed with cervical cancer?

- ☒ Never married
- ☐ Married
- ☐ Living together with a partner as an unmarried couple / cohabitating
- ☐ Widowed
- ☐ Separated or divorced

What is your current marital status?

- ☒ Never married
- ☐ Married
- ☐ Living together with a partner as an unmarried couple / cohabitating
- ☐ Widowed
- ☐ Separated or divorced

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Progress  11%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What was your employment status when you were first diagnosed with cervical cancer?

- ☒ Employed for pay (including self-employed) – 40 or more hours per week
- ☐ Employed for pay (including self-employed) – Less than 40 hours per week
- ☐ Retired
- ☐ Homemaker
- ☐ Student
- ☐ Out of work for 1 year or more
- ☐ Out of work for less than 1 year
- ☐ Unable to work (e.g., due to disability, work authorization)

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Next >

Progress  12%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What is your current employment status?

- ☐ Employed for pay (including self-employed) – 40 or more hours per week
- ☐ Employed for pay (including self-employed) – Less than 40 hours per week
- ☐ Retired
- ☐ Homemaker
- ☐ Student
- ☐ Out of work for 1 year or more
- ☐ Out of work for less than 1 year
- ☐ Unable to work (e.g., due to disability, work authorization)

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Progress  13%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What was your total household income in 2021?

- ☐ Less than \$20,000
- ☐ \$20,001–\$40,000
- ☐ \$40,001–\$60,000
- ☐ \$60,001–\$80,000
- ☐ \$80,001–\$100,000
- ☐ \$100,001–\$120,000
- ☐ More than \$120,000
- ☐ Don't know

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Progress  14%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What was your health insurance status when you were first diagnosed with cervical cancer? Please select all that apply.

- ☐ No insurance
- ☐ Lapse in coverage
- ☒ Private health insurance (purchased on your own or from your job or from your spouse's / partner's / parent's job)
- ☐ Medicaid/North Carolina Medicaid
- ☐ Medicare/Medicare Advantage
- ☐ Military (Tricare, Champ-VA, or some other military insurance)
- ☐ Other - Please specify:

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Progress  14%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What is your current health insurance status? Please select all that apply.

- ☐ No insurance
- ☐ Lapse in coverage
- ☐ Private health insurance (purchased on your own or from your job or from your spouse's / partner's / parent's job)
- ☐ Medicaid/Medi-Cal
- ☐ Medicare/Medicare Advantage
- ☐ Military (Tricare, Champ-VA, or some other military insurance)
- ☐ Other - Please specify:

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Progress  15%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What is the highest level of school that you completed?

- ☐ Elementary or middle school
- ☐ 9th –12th grade but not a high school graduate
- ☐ High school graduate or GED
- ☐ Some college or technical school
- ☐ College graduate
- ☐ Post-graduate or professional degree

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Progress  16%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What was your zip code at the time of your cervical cancer diagnosis?

- ☐ I lived in multiple zip codes around the time of my cancer diagnosis.
- ☒ Don't know

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Progress  21%

Please enter the zip codes where you lived.

Zip Code 1:

Zip Code 2:

Zip Code 3:

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Progress  21%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Which best describes your home at the time of your diagnosis?

- ☐ A one-family house detached from any other house (including mobile homes)
- ☐ A one-family house attached to one or more houses (e.g., townhome, duplex)
- ☐ An apartment building, apartment complex, or condo
- ☐ I did not have stable housing (staying in a hotel, in a shelter, living outside on the street or in a park, etc.)
- ☐ Other (please specify):

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Progress  21%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Think about your household, which includes everyone who lives with you.

Please indicate whether the following statements are often true, sometimes true, or never true.

"Within the past 12 months, we worried whether our food would run out before we had money to buy more."

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

"Within the past 12 months, the food we bought just didn't last and we didn't have money to get more."

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

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Progress  23%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

**Before your cervical cancer diagnosis, what condition(s) had you been diagnosed with?
Select all that apply.**

- ☐ Arthritis, rheumatism, or gout
- ☐ Benign tumors or cysts
- ☐ Cancers other than cervical cancer
- ☐ Chronic pain
- ☐ Circulation problems (including blood clots)
- ☐ Dementia or Alzheimer's
- ☐ Depression, anxiety, or emotional problem
- ☐ Diabetes
- ☐ Epilepsy or seizures
- ☐ Fibromyalgia or lupus
- ☐ Gastrointestinal conditions or disorders
- ☐ Hearing problem
- ☐ Heart problem
- ☐ Hernia
- ☐ Hypertension or high blood pressure
- ☐ Kidney, bladder, or renal problems
- ☐ Lung or breathing problem (e.g., asthma and emphysema)
- ☐ Migraine headaches (not just headaches)
- ☐ Multiple Sclerosis (MS) or Muscular Dystrophy (MD)
- ☐ Osteoporosis or tendinitis
- ☐ Parkinson's disease or other tremors
- ☐ Stroke
- ☐ Thyroid problems or Graves' disease
- ☐ Ulcer
- ☐ Vision problem or problem seeing
- ☐ Weight problem
- ☐ Other impairment or problem - Please specify one:
- ☒ None of the above

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Progress



24%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Have you had a hysterectomy?

- ☐ Yes, full hysterectomy
- ☐ Yes, partial hysterectomy
- ☐ Yes, not sure if full or partial hysterectomy
- ☐ No

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Progress  25%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Have you ever tested positive for COVID-19? Select all that apply.

- ☐ No
- ☐ Yes, before my cancer diagnosis.
- ☐ Yes, during my cancer treatment.
- ☐ Yes, after my cancer treatment.

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Next >

Progress  27%

Have you ever been hospitalized due to COVID-19?

- ☐ No
- ☐ Yes

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Progress  27%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Is there a doctor's office, clinic, health center, or other place where you usually go if you are sick or need advice about your health (regular, non-cancer-related care)? This does **not include** care received in Emergency Rooms (ER), urgent care centers, or drug/grocery store clinics.

- ☐ Yes
☐ No

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Progress  28%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)


The next questions are about colorectal cancer screening tests.

Have you ever had a test to check for colorectal cancer **before your diagnosis**?

	Yes	No
Stool test, except Cologuard		
[Includes several types of blood stool or occult blood test, fecal immunochemical or FIT test. You use a kit at home to collect a small amount of stool and send it back to the doctor or lab.]	<input type="radio"/>	<input type="radio"/>
Cologuard		
[Cologuard is also a kit that you use at home to collect stool samples. Unlike other stool tests, the test looks for changes in DNA in addition to checking for blood in your stool]	<input type="radio"/>	<input type="radio"/>
Sigmoidoscopy		
[The doctor inserts a tube into the rectum to check only part of the colon and you are fully awake]	<input type="radio"/>	<input type="radio"/>
Colonoscopy		
[The doctor inserts a tube into the rectum to check the entire colon, and you are given medication to make you sleepy, and told to have someone take you home]	<input type="radio"/>	<input type="radio"/>
CT Colonography or Virtual Colonoscopy		
[Unlike regular colonoscopies, you do not need medication to make you sleepy. Your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach]	<input type="radio"/>	<input type="radio"/>

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Progress  29%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

You indicated that you had the following test(s):

Stool test, except Cologuard
Cologuard
Sigmoidoscopy
Colonoscopy
CT Colonography or Virtual Colonoscopy

For each test, about how long has it been since your MOST RECENT test using the selected method?

	Within past year (< 12 months ago)	Within past 2 years (over 1 year but < 2 years ago)	Within past 3 years (over 2 years but < 3 years ago)	Within past 5 years (over 3 years but < 5 years ago)	Within past 10 years (over 5 years but < 10 years ago)	10+ years ago
Stool test, except Cologuard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cologuard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sigmoidoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT Colonography or Virtual Colonoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 31%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What was the reason for each test?

	Part of a routine exam / check-up	Because of a problem or symptom	Follow-up to a (positive) screening test	Other reason (e.g., family history, genetic predisposition)
Sigmoidoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT Colonography or Virtual Colonoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 35%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Before your diagnosis, were you able to schedule your colorectal cancer screening within a reasonable timeframe?

- ☐ Yes
☐ No

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Progress  35%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

The next questions are about cervical cancer screening tests.

There are two different kinds of tests to check for cervical cancer. One is a Pap smear or Pap test and the other is the HPV or Human Papillomavirus test.

Have you ever had a test to check for cervical cancer?

These are tests for women in which a doctor or other health professional takes a sample from the cervix with a swab or brush and sends it to the lab.

	Yes	No	Don't know
Pap smear or Pap test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HPV or Human Papillomavirus test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress  41%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

You indicated that you had the following test(s):

Pap smear or Pap test
HPV or Human Papillomavirus test

For each test, about how long has it been since your MOST RECENT test using the selected method?

	Within past year (< 12 months ago)	Within past 2 years (over 1 year but < 2 years ago)	Within past 3 years (over 2 years but < 3 years ago)	Within past 5 years (over 3 years but < 5 years ago)	Within past 10 years (over 5 years but < 10 years ago)	10+ years ago
Pap smear or Pap test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HPV or Human Papillomavirus test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 42%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What was the reason for each test?

	Part of a routine exam / check-up	Because of a problem or symptom	Follow-up to a (positive) screening test	Other reason (e.g., family history, genetic predisposition)
Pap smear or Pap test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HPV or Human Papillomavirus test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Next >

Progress 45%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Before your diagnosis, were you able to schedule your cervical cancer screening within a reasonable timeframe?

- ☐ Yes
- ☐ No
- ☐ Don't know

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Next >

Progress  46%

What were the top non-medical issues you faced when staying up-to-date with your cervical cancer screening?

You may select up to 5 issues.

- ☐ **Could not afford care** (e.g., cost too much; other competing expenses)
- ☐ **No insurance coverage, or insurance company would not approve, cover or pay for care**
- ☐ **Problems getting transportation to/from doctor's office for cancer screening**
- ☐ **Unable to understand the doctor's language or language of screening instructions/materials** (e.g., different language without access to interpretation)
- ☐ **Medical information was too hard to understand**
- ☐ **Could not get time off work for appointments and care** (e.g., no paid sick leave, no flexible work schedule, no medical leave)
- ☐ **Didn't know where to go to get care** (e.g., no primary doctor or usual source of care to make referral; unfamiliar with local providers; local specialty practice closed)
- ☐ **Was refused services** (e.g., out of network provider, not accepting new patients)
- ☐ **Couldn't get dependent care** (e.g., for child, elderly relative, or relative with a disability)
- ☐ **Could not get a friend or family member to go with me to appointment**
- ☐ **Took too long to get an appointment that worked for my schedule**
- ☐ **Experienced discrimination** (e.g., racial or ethnic discrimination, gender, weight, sexual orientation, disability status)
- ☐ **Afraid of the potential diagnosis, of discomfort, embarrassment, or pain associated with the screening procedure**
- ☐ **Did not feel screening was urgent** (e.g., never thought about scheduling a screening; put it off / didn't get around to it; haven't had any problems or symptoms)
- ☐ **Did not know I needed it / doctor did not say screening was needed**
- ☐ **Had HPV vaccines and did not think screening was needed**
- ☐ **Other**
- ☒ **Did not face any issues with scheduling my cervical cancer screening.**

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Next >

Progress  46%

If a patient selects problems, they will see this:

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Of the top issues you selected, please rank them, with "1" being the most important.

- ☐ **Could not afford care** (e.g., cost too much; other competing expenses)
- ☐ **Problems getting transportation to/from doctor's office for cancer screening**
- ☐ **Unable to understand the doctor's language or language of screening instructions/materials** (e.g., different language without access to interpretation)
- ☐ **Didn't know where to go to get care** (e.g., no primary doctor or usual source of care to make referral; unfamiliar with local providers; local specialty practice closed)
- ☐ **Was refused services** (e.g., out of network provider, not accepting new patients)

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Progress  48%

If a patient responds that they had no problems, they will see the following question:

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please select the top 5 factors that made it easier to get your cervical cancer screening on-time.

- ☐ Worked with a nurse/patient navigator who provided additional support
- ☐ Was able to afford care
- ☐ Was able to cover all my expenses like food
- ☐ Had permanent, stable housing
- ☐ Insurance covered most of my medical costs
- ☐ Easy access to transportation
- ☐ Convenient location of health care provider
- ☐ Was able to take time off work for appointment (e.g., paid sick leave, flexible work schedule, medical leave available)
- ☐ Connected to a provider by someone I know (e.g., doctor, nurse, family member, friend, others on social media)
- ☐ Was able to get an appointment with a doctor or specialist within a reasonable timeframe
- ☐ Was able to make arrangements for dependent care (e.g., for child, elderly relative, or relative with a disability), if needed
- ☐ Was treated with respect by my doctor or specialist
- ☐ Was able to understand medical information that was shared with me
- ☐ Other - please specify:

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Progress



49%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

The next questions are about breast cancer screening tests, or mammograms.

A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.

Have you ever had a mammogram to check for breast cancer?

- ☐ Yes
- ☐ No

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Progress



50%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

You indicated that you had a mammogram.

About how long has it been since your MOST RECENT mammogram?

- ☐ Within the past year (Less than 12 months ago)
- ☐ Within the past 2 years (over 1 year but less than 2 years ago)
- ☐ Within the past 3 years (over 2 years but less than 3 years ago)
- ☐ Within the past 5 years (over 3 years but less than 5 years ago)
- ☐ Within the past 10 years (over 5 years but less than 10 years ago)
- ☐ 10 or more years ago
- ☐ Don't know

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Progress  51%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What was the reason for your mammogram?

- ☐ Part of a routine exam / check-up
- ☐ Because of a problem or symptom
- ☐ Follow-up to a (positive) screening test
- ☐ Other reason (e.g., family history, genetic predisposition)

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Progress  53%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Before your diagnosis, were you able to schedule your mammogram within a reasonable timeframe?

- ☐ Yes
- ☐ No

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Progress



54%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

The next few questions are about the process of getting your cancer diagnosis.

Did you receive an initial misdiagnosis prior to your cancer diagnosis?

- ☐ Yes
- ☐ No

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Progress  58%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

How much time passed between your first test (e.g., positive screening test or test that you had because of symptoms) and receiving your cancer diagnosis?

- ☐ Less than 1 month
- ☐ 1 month to under 2 months
- ☐ 2 months to under 3 months
- ☐ 3 months to under 6 months
- ☐ 6 months or more
- ☐ Don't know

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Progress  59%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What were the top non-medical issues you faced when getting your cancer diagnosis?

Select all that apply - up to 5.

- ☐ **Could not afford care** (e.g., cost too much; other competing expenses)
- ☐ **No insurance coverage, or insurance company would not approve, cover or pay for care**
- ☐ **Problems getting transportation to/from doctor's office to undergo a procedure**
- ☐ **Unable to understand the doctor's language** (e.g., different language without access to interpretation)
- ☐ **Medical information was too hard to understand**
- ☐ **Could not get time off work for appointments and care** (e.g., no paid sick leave, no flexible work schedule, no medical leave)
- ☐ **Didn't know where to go to get care** (e.g., no primary doctor or usual source of care to make referral; unfamiliar with local providers; local specialty practice closed)
- ☐ **Was refused services** (e.g., out of network provider, not accepting new patients)
- ☐ **Couldn't get dependent care** (e.g., for child, elderly relative, or relative with a disability)
- ☐ **Could not get a friend or family member to go with me to appointment**
- ☐ **Took too long to get an appointment that worked for my schedule**
- ☐ **Experienced discrimination** (e.g., racial or ethnic discrimination, gender, weight, sexual orientation, disability status)
- ☐ **Afraid of the potential diagnosis, or of hearing diagnosis without a loved one present**
- ☐ **Other**
- ☐ **Did not encounter any issues.**

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Progress  60%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Of the top issues you selected, please rank them, with "1" being the most important.

- ☐ **Could not afford care** (e.g., cost too much; other competing expenses)
- ☐ **No insurance coverage, or insurance company would not approve, cover or pay for care**
- ☐ **Problems getting transportation to doctor's office to/from undergo a procedure**
- ☐ **Unable to understand the doctor's language** (e.g., different language without access to interpretation)
- ☐ **Medical information was too hard to understand**

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Progress  62%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Did you seek a second opinion about your cancer diagnosis?

- ☐ Yes
- ☐ No

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Progress  64%

Were you able to receive the second opinion in a reasonable timeframe (e.g., within 3 weeks)?

- ☐ Yes
- ☐ No
- ☐ Don't know

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Progress  64%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

How difficult was it to see a doctor about your cancer diagnosis?

- ☐ Not at all difficult
- ☐ Slightly difficult
- ☐ Difficult
- ☐ Very difficult

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Progress  65%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

The next questions are about your cancer treatment.

Were you able to begin treatment on-schedule with your doctor's recommendation?

- ☐ Yes
- ☐ No, the start of my treatment was delayed (e.g., I chose to delay, or my provider was unavailable)
- ☐ No, I chose not to engage in medical treatment.

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Progress  68%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What were the top non-medical issues you faced during your cancer treatment?

Select all that apply - up to 5.

- ☐ **Could not afford care** (e.g., cost too much; other competing expenses)
- ☐ **No insurance coverage, or insurance company would not approve, cover or pay for care**
- ☐ **Problems getting transportation to/from doctor's office for treatment**
- ☐ **Unable to understand the doctor's language** (e.g., different language without access to interpretation)
- ☐ **Medical information was too hard to understand**
- ☐ **Could not get time off work for appointments and care** (e.g., no paid sick leave, no flexible work schedule, no medical leave)
- ☐ **Didn't know where to go to get care** (e.g., no primary doctor or usual source of care to make referral; unfamiliar with local providers; local specialty practice closed)
- ☐ **Was refused services** (e.g., out of network provider, not accepting new patients)
- ☐ **Couldn't get dependent care** (e.g., for child, elderly relative, or relative with a disability)
- ☐ **Could not get a friend or family member to go with me to appointment**
- ☐ **Took too long to get an appointment that worked for my schedule**
- ☐ **Experienced discrimination** (e.g., racial or ethnic discrimination, gender, weight, sexual orientation, disability status discrimination)
- ☐ **Afraid the treatment will be too painful or unpleasant**
- ☐ **Other**
- ☐ **Did not encounter any issues.**

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Progress  69%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Of the top issues you selected, please rank them, with "1" being the most important.

- ☒ **Could not afford care** (e.g., cost too much; other competing expenses)
- ☐ **No insurance coverage, or insurance company would not approve, cover or pay for care**
- ☐ **Problems getting transportation to/from doctor's office for treatment**
- ☐ **Unable to understand the doctor's language** (e.g., different language without access to interpretation)
- ☐ **Medical information was too hard to understand**

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Progress  71%

If patient selects "Did not encounter any problems", they will be shown this question:

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please select the top 5 factors that made it easier to get medical care for your cancer treatment.

- ☐ Worked with a nurse/patient navigator who provided additional support
- ☐ Was able to manage side effects
- ☐ Was able to afford care
- ☐ Was able to cover all my expenses like food
- ☐ Had permanent, stable housing
- ☐ Insurance covered most of my medical costs
- ☐ Easy access to transportation
- ☐ Convenient location of health care provider
- ☐ Was able to take time off work for appointments and care (e.g., paid sick leave, flexible work schedule, medical leave available)
- ☐ Connected to a provider by someone I know (e.g., doctor, nurse, family member, friend, others on social media)
- ☐ Was able to get an appointment with a doctor or specialist within a reasonable timeframe
- ☐ Was able to make arrangements for dependent care (e.g., for child, elderly relative, or relative with a disability), if needed
- ☐ Was treated with respect by my doctor or specialist
- ☐ Was able to understand medical information that was shared with me
- ☐ Other - please specify:

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Progress



71%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Have you experienced any of the following challenges in accessing cancer care or treatment due to the COVID-19 pandemic? Please select all that apply.

- ☐ I had a hard time getting an appointment because of limited appointments or clinic availability.
- ☐ I didn't go to an appointment because it was only available by telephone or video call.
- ☐ I didn't go to an appointment because I was worried about exposure to COVID-19.
- ☐ I didn't go to an appointment because I tested positive for COVID-19
- ☐ I couldn't get to an appointment because my caregiver was not able to come with me (e.g., due to contact restrictions, not wanting to be exposed to COVID-19, or caregiver was an essential worker and unable to take time off work).
- ☐ My appointment was postponed.
- ☐ My appointment was cancelled.
- ☐ I had challenges getting my cancer prescriptions filled.
- ☐ Other challenges – Please specify:
- ☐ I have not experienced any challenges in getting timely cancer care and treatment.

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Progress



72%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What precautions did your provider take while you received treatment during the pandemic? Select all that apply.

- ☐ Required masks
- ☐ Added hand sanitizer to waiting room and/or exam rooms
- ☐ Put social distancing measures in place in waiting room
- ☐ Limited number of family members who could accompany me to appointments
- ☐ Closed the waiting room (patients check in by phone)
- ☐ Limited number of patients in the office at the same time/reduced number of daily appointments
- ☐ Required COVID screening (e.g., temperature check, symptom screener) prior to entering building for treatment
- ☐ Added air purifiers to treatment room(s)
- ☐ Extended access to clinical staff (e.g., 24/7 nurses' line, weekend office hours) to prevent emergency department visits due to side effects
- ☐ Required all clinic staff to be up-to-date with COVID vaccination
- ☐ Offered telehealth visits
- ☐ Other – Please specify:
- ☐ Don't know

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Next >

Progress  73%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Were there any precautionary measures for COVID-19 that were a barrier to you receiving treatment?

- ☐ Yes
- ☐ No

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Progress  75%

Please describe your experience (optional):

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Progress



75%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Below is a list of statements that other people with your illness have said are important.

Please select your response to the following statement as it applies to the **past 7 days**.

	1 – Not at all	2 - A little bit	3 - Somewhat	4 - Quite a bit	5– Very much
I have a lack of energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have nausea.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry that my condition will get worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am sleeping well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to enjoy life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am content with the quality of my life right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress



76%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What types of cancer treatment have you received? If you have been diagnosed with cancer more than once, please think about treatment for your most recent diagnosis for cervical cancer. Select all that apply.

- ☐ IV Chemotherapy
- ☐ Oral Chemotherapy
- ☐ Radiation
- ☐ Surgery
- ☐ Immunotherapy (e.g., interferon or cancer vaccines) or another biological therapy (e.g., Car-T, Gleevec, Iressa, Tarceva, Herceptin, or Erbitux)
- ☐ Hormonal therapy (e.g., Tamoxifen, Adjuvant, Zoladex, Lupron)
- ☐ Precision medicine / targeted therapy (using medication to target specific genes and proteins of the cancer)
- ☐ Bone marrow or stem cell transplant
- ☐ Complementary and alternative therapy (e.g., acupuncture, reiki)
- ☐ Other – Please specify:
- ☐ I have not received any medical treatment for cancer

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Progress



76%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please select whether you have completed the following treatment(s) for your cervical cancer.

	Yes	No	Don't know
IV Chemotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Chemotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunotherapy (e.g., interferon or cancer vaccines) or another biological therapy (e.g., Car-T, Gleevec, Iressa, Tarceva, Herceptin, or Erbitux)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hormonal therapy (e.g., Tamoxifen, Adjuvant, Zoladex, Lupron)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Precision medicine / targeted therapy (using medication to target specific genes and proteins of the cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bone marrow or stem cell transplant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complementary and alternative therapy (e.g., acupuncture, reiki)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress



78%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

When choosing a treatment course for your cancer, did you consider the costs of specific treatments?

- ☐ Yes, a great deal
- ☐ Yes, somewhat
- ☐ No, not at all

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Progress  79%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

How would you describe your reaction to the money you spent or are spending for cancer treatment?

I spent/am spending...

- ☐ ...more money than I expected
- ☐ ...about as much money as I expected
- ☐ ...less money than I expected

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Progress  80%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Overall, how informed did you feel about the potential side effects from treatment?

- ☐ Very
- ☐ Somewhat
- ☐ Not at all

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Progress  82%

Please describe your experience (optional):

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Progress



82%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

In general, how often did your doctor(s) or other healthcare providers show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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Progress



84%

Please describe your experience (optional):

< Back

Next >

Progress



84%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

In general, how often did your doctor(s) or other healthcare providers give you as much cancer-related information as you wanted?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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Progress  85%

Please describe your experience (optional):

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Next >

Progress  85%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

We will be conducting 1-hour phone /online interviews with a subset of individuals diagnosed with or living with cancer who complete this survey and are willing to volunteer their time. The purpose of the interview is to learn more about your experiences from cancer screening through treatment and beyond.

Would you like to be considered to participate in a 1-hour phone/online interview?

- ☐ Yes
- ☐ No

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Progress  86%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please provide your phone number:

Please provide your e-mail address:

Please retype the email address for confirmation:

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Next >

Progress  89%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

The support of a caregiver during your cancer journey can be important. A person in this role typically provides ongoing support at multiple times during your cancer treatment.

If you had someone who fits this description, may we contact them about participating in a brief survey? The survey will ask about their experience providing care. Caregivers must be 18 years of age or older to participate in the survey. They will receive \$40 for completing the survey.

- ☐ Yes
☐ No

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Progress  91%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please provide the name, address, and email-address for this caregiver.

Name:

Street address line 1:

Street address line 2:

City:

State:

Zip code:

E-mail address:

Please retype the email address for confirmation:

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Progress  93%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

As a thank you for completing this survey, we will provide you with \$40. Do you prefer to receive an electronic VISA gift card emailed to you or a check mailed to your home?

Processing time for an e-card is about a week. Processing time for a check is about 3-4 weeks.

- ☐ Electronic gift card emailed to me
- ☐ Check mailed to my home

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Next >

Progress  95%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please enter your contact information so that we may send you a \$40 check.

Full name:

Street address 1:

Street address 2:

City:

State:

Zip code:

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Next >

Progress  96%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please enter your email address for the electronic gift card:

Please retype the email address for confirmation:

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Next >

Progress  98%

CDC Barriers Survey

English ▼

Thank you!

If you have any questions about the survey, please do not hesitate to call us toll free at (833) 997-2714 or email us at CDC_CancerSurvey@rti.org. We may contact you again to complete another brief survey. Please click [SUBMIT] to submit your responses.

Submit

Progress  100%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Si desea completar la encuesta en español, seleccione español en el menu desplegable en la parte superior derecha de la pantalla.

Thank you for agreeing to participate in this study. This survey will take you about 20 minutes to complete. After you submit the survey, you will receive a \$40 check or electronic gift card as a token of appreciation for your time.

A goal of this study is to collect information about barriers you may have faced along the cancer continuum – from screening to diagnosis and treatment.

This survey includes questions on several topics. For example, you'll be asked about the type of cancer you had, how old you were at diagnosis, and whether you had insurance. Some of these questions ask you to think back to events that may have occurred a few years ago.

Although the answers may be hard to remember, please do the best you can. There are no right or wrong answers to any of these questions. You should just report what you have been through as an individual diagnosed with or living with cancer.

Participation in this study is voluntary. Questions answered in this study will not affect your health care. You can skip any question you do not want to answer. Just go on to the next question. You may exit the survey at any time. You may also complete the survey in multiple sittings; your answers will be saved. Joining this study has minimal risks. Some of the questions on the survey may be upsetting, but you don't have to answer them. Protections are in place to keep your data as safe as possible.



Next >

Progress  5%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

When you were diagnosed, what was the stage of your colorectal cancer?

- ☐ Stage 0
- ☐ Stage 1
- ☐ Stage 2
- ☐ Stage 3
- ☐ Stage 4
- ☐ Don't know / can't remember

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Progress  6%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What is your biological sex? This is a category that is based upon your original birth certificate.

- ☐ Male
- ☐ Female
- ☐ Prefer not to answer

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Progress  7%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

How old are you?

- ☐ 21-24 years old
- ☐ 25-29 years old
- ☐ 30-34 years old
- ☐ 35-39 years old
- ☐ 40-44 years old
- ☐ 45-49 years old
- ☐ 50-54 years old
- ☐ 55-59 years old
- ☐ 60-64 years old
- ☐ 65-69 years old
- ☐ 70-74 years old
- ☐ 75 years old or older

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Next >

Progress  7%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What was your marital status when you were first diagnosed with colorectal cancer?

- ☐ Never married
- ☐ Married
- ☐ Living together with a partner as an unmarried couple / cohabitating
- ☐ Widowed
- ☐ Separated or divorced

What is your current marital status?

- ☐ Never married
- ☐ Married
- ☐ Living together with a partner as an unmarried couple / cohabitating
- ☐ Widowed
- ☐ Separated or divorced

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Progress  11%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What was your total household income in 2021?

- ☐ Less than \$20,000
- ☐ \$20,001–\$40,000
- ☐ \$40,001–\$60,000
- ☐ \$60,001–\$80,000
- ☐ \$80,001–\$100,000
- ☐ \$100,001–\$120,000
- ☐ More than \$120,000
- ☐ Don't know

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Progress  14%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What was your employment status when you were first diagnosed with colorectal cancer?

- ☐ Employed for pay (including self-employed) – 40 or more hours per week
- ☐ Employed for pay (including self-employed) – Less than 40 hours per week
- ☐ Retired
- ☐ Homemaker
- ☐ Student
- ☐ Out of work for 1 year or more
- ☐ Out of work for less than 1 year
- ☐ Unable to work (e.g., due to disability, work authorization)

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Progress  12%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What is your current health insurance status? Please select all that apply.

- ☐ No insurance
- ☐ Lapse in coverage
- ☐ Private health insurance (purchased on your own or from your job or from your spouse's / partner's / parent's job)
- ☐ Medicaid/Medi-Cal
- ☐ Medicare/Medicare Advantage
- ☐ Military (Tricare, Champ-VA, or some other military insurance)
- ☐ Other - Please specify:

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Progress  15%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What is the highest level of school that you completed?

- ☐ Elementary or middle school
- ☐ 9th –12th grade but not a high school graduate
- ☐ High school graduate or GED
- ☐ Some college or technical school
- ☐ College graduate
- ☐ Post-graduate or professional degree

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Progress  16%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What was your zip code at the time of your colorectal cancer diagnosis?

- ☐ I lived in multiple zip codes around the time of my cancer diagnosis.
- ☐ Don't know

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Progress  21%

Please enter the zip codes where you lived.

Zip Code 1:

Zip Code 2:

Zip Code 3:

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Progress  21%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Which best describes your home at the time of your diagnosis?

- ☐ A one-family house detached from any other house (including mobile homes)
- ☐ A one-family house attached to one or more houses (e.g., townhome, duplex)
- ☐ An apartment building, apartment complex, or condo
- ☐ I did not have stable housing (staying in a hotel, in a shelter, living outside on the street or in a park, etc.)
- ☐ Other (please specify):

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Progress  21%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Think about your household, which includes everyone who lives with you.

Please indicate whether the following statements are often true, sometimes true, or never true.

"Within the past 12 months, we worried whether our food would run out before we had money to buy more."

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

"Within the past 12 months, the food we bought just didn't last and we didn't have money to get more."

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

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Progress  23%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

**Before your colorectal cancer diagnosis, what condition(s) had you been diagnosed with?
Select all that apply.**

- ☐ Arthritis, rheumatism, or gout
- ☐ Benign tumors or cysts
- ☐ Cancers other than colorectal cancer
- ☐ Chronic pain
- ☐ Circulation problems (including blood clots)
- ☐ Dementia or Alzheimer's
- ☐ Depression, anxiety, or emotional problem
- ☐ Diabetes
- ☐ Epilepsy or seizures
- ☐ Fibromyalgia or lupus
- ☐ Gastrointestinal conditions or disorders
- ☐ Hearing problem
- ☐ Heart problem
- ☐ Hernia
- ☐ Hypertension or high blood pressure
- ☐ Kidney, bladder, or renal problems
- ☐ Lung or breathing problem (e.g., asthma and emphysema)
- ☐ Migraine headaches (not just headaches)
- ☐ Multiple Sclerosis (MS) or Muscular Dystrophy (MD)
- ☐ Osteoporosis or tendinitis
- ☐ Parkinson's disease or other tremors
- ☐ Stroke
- ☐ Thyroid problems or Graves' disease
- ☐ Ulcer
- ☐ Vision problem or problem seeing
- ☐ Weight problem
- ☐ Other impairment or problem - Please specify one:
- ☐ None of the above

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Progress



24%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Have you had a hysterectomy?

- ☐ Yes, full hysterectomy
- ☐ Yes, partial hysterectomy
- ☐ Yes, not sure if full or partial hysterectomy
- ☐ No

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Progress  25%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Have you ever tested positive for COVID-19? Select all that apply.

- ☐ No
- ☐ Yes, before my cancer diagnosis.
- ☐ Yes, during my cancer treatment.
- ☐ Yes, after my cancer treatment.

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Progress  27%

Have you ever been hospitalized due to COVID-19?

- ☐ No
- ☐ Yes

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Progress  27%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Is there a doctor's office, clinic, health center, or other place where you usually go if you are sick or need advice about your health (regular, non-cancer-related care)? This does **not include** care received in Emergency Rooms (ER), urgent care centers, or drug/grocery store clinics.

- ☐ Yes
☐ No

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Progress  28%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)


The next questions are about colorectal cancer screening tests.

Have you ever had a test to check for colorectal cancer **before your diagnosis**?

	Yes	No
Stool test, except Cologuard		
[Includes several types of blood stool or occult blood test, fecal immunochemical or FIT test. You use a kit at home to collect a small amount of stool and send it back to the doctor or lab.]	<input type="radio"/>	<input type="radio"/>
Cologuard		
[Cologuard is also a kit that you use at home to collect stool samples. Unlike other stool tests, the test looks for changes in DNA in addition to checking for blood in your stool]	<input type="radio"/>	<input type="radio"/>
Sigmoidoscopy		
[The doctor inserts a tube into the rectum to check only part of the colon and you are fully awake]	<input type="radio"/>	<input type="radio"/>
Colonoscopy		
[The doctor inserts a tube into the rectum to check the entire colon, and you are given medication to make you sleepy, and told to have someone take you home]	<input type="radio"/>	<input type="radio"/>
CT Colonography or Virtual Colonoscopy		
[Unlike regular colonoscopies, you do not need medication to make you sleepy. Your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach]	<input type="radio"/>	<input type="radio"/>

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Progress  29%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

You indicated that you had the following test(s):

Stool test, except Cologuard
Cologuard
Sigmoidoscopy
Colonoscopy
CT Colonography or Virtual Colonoscopy

For each test, about how long has it been since your MOST RECENT test using the selected method?

	Within past year (< 12 months ago)	Within past 2 years (over 1 year but < 2 years ago)	Within past 3 years (over 2 years but < 3 years ago)	Within past 5 years (over 3 years but < 5 years ago)	Within past 10 years (over 5 years but < 10 years ago)	10+ years ago
Stool test, except Cologuard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cologuard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sigmoidoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT Colonography or Virtual Colonoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 31%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What was the reason for each test?

	Part of a routine exam / check-up	Because of a problem or symptom	Follow-up to a (positive) screening test	Other reason (e.g., family history, genetic predisposition)
Sigmoidoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT Colonography or Virtual Colonoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Next >

Progress 35%

What were the top non-medical issues you faced when staying up-to-date with your colorectal cancer screening?

You may select up to 5 issues.

- ☐ **Could not afford care** (e.g., cost too much; other competing expenses)
- ☐ **No insurance coverage, or insurance company would not approve, cover or pay for care**
- ☐ **Problems getting transportation to/from doctor's office for cancer screening**
- ☐ **Unable to understand the doctor's language or language of screening instructions/materials** (e.g., different language without access to interpretation)
- ☐ **Medical information was too hard to understand**
- ☐ **Could not get time off work for appointments and care** (e.g., no paid sick leave, no flexible work schedule, no medical leave)
- ☐ **Didn't know where to go to get care** (e.g., no primary doctor or usual source of care to make referral; unfamiliar with local providers; local specialty practice closed)
- ☐ **Was refused services** (e.g., out of network provider, not accepting new patients)
- ☐ **Couldn't get dependent care** (e.g., for child, elderly relative, or relative with a disability)
- ☐ **Could not get a friend or family member to go with me to appointment**
- ☐ **Took too long to get an appointment that worked for my schedule**
- ☐ **Experienced discrimination** (e.g., racial or ethnic discrimination, gender, weight, sexual orientation, disability status)
- ☐ **Afraid of the potential diagnosis, of discomfort, embarrassment, or pain associated with the screening procedure**
- ☐ **Did not feel screening was urgent** (e.g., never thought about scheduling a screening; put it off / didn't get around to it; haven't had any problems or symptoms)
- ☐ **Did not know I needed it / doctor did not say screening was needed**
- ☐ **Other**
- ☐ **Did not face any issues with scheduling my colorectal cancer screening.**

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Progress



36%

If patient selects problems, they will see:

Of the top issues you selected, please rank them, with "1" being the most important.

- ☐ **Could not afford care** (e.g., cost too much; other competing expenses)
- ☐ **No insurance coverage, or insurance company would not approve, cover or pay for care**
- ☐ **Problems getting transportation to/from doctor's office for cancer screening**
- ☐ **Unable to understand the doctor's language or language of screening instructions/materials** (e.g., different language without access to interpretation)
- ☐ **Medical information was too hard to understand**
- ☐ **Afraid of the potential diagnosis, of discomfort, embarrassment, or pain associated with the screening procedure**
- ☐ **Did not feel screening was urgent** (e.g., never thought about scheduling a screening; put it off / didn't get around to it; haven't had any problems or symptoms)
- ☐ **Did not know I needed it / doctor did not say screening was needed**
- ☐

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Progress



38%

If they select "Did not encounter any issues", they will see:

Please select the top 5 factors that made it easier to get your colorectal cancer screening on-time.

- ☐ Worked with a nurse/patient navigator who provided additional support
- ☐ Was able to afford care
- ☐ Was able to cover all my expenses like food
- ☐ Had permanent, stable housing
- ☐ Insurance covered most of my medical costs
- ☐ Easy access to transportation
- ☐ Convenient location of health care provider
- ☐ Was able to take time off work for appointment (e.g., paid sick leave, flexible work schedule, medical leave available)
- ☐ Connected to a provider by someone I know (e.g., doctor, nurse, family member, friend, others on social media)
- ☐ Was able to get an appointment with a doctor or specialist within a reasonable timeframe
- ☐ Was able to make arrangements for dependent care (e.g., for child, elderly relative, or relative with a disability), if needed
- ☐ Was treated with respect by my doctor or specialist
- ☐ Was able to understand medical information that was shared with me
- ☐ Other - please specify:

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Progress



38%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Before your diagnosis, were you able to schedule your colorectal cancer screening within a reasonable timeframe?

- ☐ Yes
☐ No

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Progress  35%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

The next questions are about cervical cancer screening tests.

There are two different kinds of tests to check for cervical cancer. One is a Pap smear or Pap test and the other is the HPV or Human Papillomavirus test.

Have you ever had a test to check for cervical cancer?

These are tests for women in which a doctor or other health professional takes a sample from the cervix with a swab or brush and sends it to the lab.

	Yes	No	Don't know
Pap smear or Pap test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HPV or Human Papillomavirus test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress  41%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

You indicated that you had the following test(s):

Pap smear or Pap test
HPV or Human Papillomavirus test

For each test, about how long has it been since your MOST RECENT test using the selected method?

	Within past year (< 12 months ago)	Within past 2 years (over 1 year but < 2 years ago)	Within past 3 years (over 2 years but < 3 years ago)	Within past 5 years (over 3 years but < 5 years ago)	Within past 10 years (over 5 years but < 10 years ago)	10+ years ago
Pap smear or Pap test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HPV or Human Papillomavirus test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 42%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What was the reason for each test?

	Part of a routine exam / check-up	Because of a problem or symptom	Follow-up to a (positive) screening test	Other reason (e.g., family history, genetic predisposition)
Pap smear or Pap test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HPV or Human Papillomavirus test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 45%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Before your diagnosis, were you able to schedule your cervical cancer screening within a reasonable timeframe?

- ☐ Yes
- ☐ No
- ☐ Don't know

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Progress  46%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

The next questions are about breast cancer screening tests, or mammograms.

A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.

Have you ever had a mammogram to check for breast cancer?

- ☐ Yes
- ☐ No

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Progress  50%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

You indicated that you had a mammogram.

About how long has it been since your MOST RECENT mammogram?

- ☐ Within the past year (Less than 12 months ago)
- ☐ Within the past 2 years (over 1 year but less than 2 years ago)
- ☐ Within the past 3 years (over 2 years but less than 3 years ago)
- ☐ Within the past 5 years (over 3 years but less than 5 years ago)
- ☐ Within the past 10 years (over 5 years but less than 10 years ago)
- ☐ 10 or more years ago
- ☐ Don't know

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Next >

Progress  51%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What was the reason for your mammogram?

- ☐ Part of a routine exam / check-up
- ☐ Because of a problem or symptom
- ☐ Follow-up to a (positive) screening test
- ☐ Other reason (e.g., family history, genetic predisposition)

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Progress  53%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Before your diagnosis, were you able to schedule your mammogram within a reasonable timeframe?

- ☐ Yes
- ☐ No

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Progress



54%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

The next few questions are about the process of getting your cancer diagnosis.

Did you receive an initial misdiagnosis prior to your cancer diagnosis?

- ☐ Yes
- ☐ No

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Progress  58%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

How much time passed between your first test (e.g., positive screening test or test that you had because of symptoms) and receiving your cancer diagnosis?

- ☐ Less than 1 month
- ☐ 1 month to under 2 months
- ☐ 2 months to under 3 months
- ☐ 3 months to under 6 months
- ☐ 6 months or more
- ☐ Don't know

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Progress  59%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What were the top non-medical issues you faced when getting your cancer diagnosis?

Select all that apply - up to 5.

- ☐ **Could not afford care** (e.g., cost too much; other competing expenses)
- ☐ **No insurance coverage, or insurance company would not approve, cover or pay for care**
- ☐ **Problems getting transportation to/from doctor's office to undergo a procedure**
- ☐ **Unable to understand the doctor's language** (e.g., different language without access to interpretation)
- ☐ **Medical information was too hard to understand**
- ☐ **Could not get time off work for appointments and care** (e.g., no paid sick leave, no flexible work schedule, no medical leave)
- ☐ **Didn't know where to go to get care** (e.g., no primary doctor or usual source of care to make referral; unfamiliar with local providers; local specialty practice closed)
- ☐ **Was refused services** (e.g., out of network provider, not accepting new patients)
- ☐ **Couldn't get dependent care** (e.g., for child, elderly relative, or relative with a disability)
- ☐ **Could not get a friend or family member to go with me to appointment**
- ☐ **Took too long to get an appointment that worked for my schedule**
- ☐ **Experienced discrimination** (e.g., racial or ethnic discrimination, gender, weight, sexual orientation, disability status)
- ☐ **Afraid of the potential diagnosis, or of hearing diagnosis without a loved one present**
- ☐ **Other**
- ☐ **Did not encounter any issues.**

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Progress  60%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Of the top issues you selected, please rank them, with "1" being the most important.

- ☐ **Could not afford care** (e.g., cost too much; other competing expenses)
- ☐ **No insurance coverage, or insurance company would not approve, cover or pay for care**
- ☐ **Problems getting transportation to doctor's office to/from undergo a procedure**
- ☐ **Unable to understand the doctor's language** (e.g., different language without access to interpretation)
- ☐ **Medical information was too hard to understand**

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Progress  62%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Did you seek a second opinion about your cancer diagnosis?

- ☐ Yes
- ☐ No

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Progress  64%

Were you able to receive the second opinion in a reasonable timeframe (e.g., within 3 weeks)?

- ☐ Yes
- ☐ No
- ☐ Don't know

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Progress  64%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

How difficult was it to see a doctor about your cancer diagnosis?

- ☐ Not at all difficult
- ☐ Slightly difficult
- ☐ Difficult
- ☐ Very difficult

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Progress  65%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

The next questions are about your cancer treatment.

Were you able to begin treatment on-schedule with your doctor's recommendation?

- ☐ Yes
- ☐ No, the start of my treatment was delayed (e.g., I chose to delay, or my provider was unavailable)
- ☐ No, I chose not to engage in medical treatment.

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Progress  68%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What were the top non-medical issues you faced during your cancer treatment?

Select all that apply - up to 5.

- ☐ **Could not afford care** (e.g., cost too much; other competing expenses)
- ☐ **No insurance coverage, or insurance company would not approve, cover or pay for care**
- ☐ **Problems getting transportation to/from doctor's office for treatment**
- ☐ **Unable to understand the doctor's language** (e.g., different language without access to interpretation)
- ☐ **Medical information was too hard to understand**
- ☐ **Could not get time off work for appointments and care** (e.g., no paid sick leave, no flexible work schedule, no medical leave)
- ☐ **Didn't know where to go to get care** (e.g., no primary doctor or usual source of care to make referral; unfamiliar with local providers; local specialty practice closed)
- ☐ **Was refused services** (e.g., out of network provider, not accepting new patients)
- ☐ **Couldn't get dependent care** (e.g., for child, elderly relative, or relative with a disability)
- ☐ **Could not get a friend or family member to go with me to appointment**
- ☐ **Took too long to get an appointment that worked for my schedule**
- ☐ **Experienced discrimination** (e.g., racial or ethnic discrimination, gender, weight, sexual orientation, disability status discrimination)
- ☐ **Afraid the treatment will be too painful or unpleasant**
- ☐ **Other**
- ☐ **Did not encounter any issues.**

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Progress  69%

If the patient selects problems, they will see:

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Of the top issues you selected, please rank them, with "1" being the most important.

- ☒ **Could not afford care** (e.g., cost too much; other competing expenses)
- ☐ **No insurance coverage, or insurance company would not approve, cover or pay for care**
- ☐ **Problems getting transportation to/from doctor's office for treatment**
- ☐ **Unable to understand the doctor's language** (e.g., different language without access to interpretation)
- ☐ **Medical information was too hard to understand**

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Progress  71%

If patient selects "Did not encounter any problems", they will see:

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please select the top 5 factors that made it easier to get medical care for your cancer treatment.

- ☐ Worked with a nurse/patient navigator who provided additional support
- ☐ Was able to manage side effects
- ☐ Was able to afford care
- ☐ Was able to cover all my expenses like food
- ☐ Had permanent, stable housing
- ☐ Insurance covered most of my medical costs
- ☐ Easy access to transportation
- ☐ Convenient location of health care provider
- ☐ Was able to take time off work for appointments and care (e.g., paid sick leave, flexible work schedule, medical leave available)
- ☐ Connected to a provider by someone I know (e.g., doctor, nurse, family member, friend, others on social media)
- ☐ Was able to get an appointment with a doctor or specialist within a reasonable timeframe
- ☐ Was able to make arrangements for dependent care (e.g., for child, elderly relative, or relative with a disability), if needed
- ☐ Was treated with respect by my doctor or specialist
- ☐ Was able to understand medical information that was shared with me
- ☐ Other - please specify:

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Progress



71%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Have you experienced any of the following challenges in accessing cancer care or treatment due to the COVID-19 pandemic? Please select all that apply.

- ☐ I had a hard time getting an appointment because of limited appointments or clinic availability.
- ☐ I didn't go to an appointment because it was only available by telephone or video call.
- ☐ I didn't go to an appointment because I was worried about exposure to COVID-19.
- ☐ I didn't go to an appointment because I tested positive for COVID-19
- ☐ I couldn't get to an appointment because my caregiver was not able to come with me (e.g., due to contact restrictions, not wanting to be exposed to COVID-19, or caregiver was an essential worker and unable to take time off work).
- ☐ My appointment was postponed.
- ☐ My appointment was cancelled.
- ☐ I had challenges getting my cancer prescriptions filled.
- ☐ Other challenges – Please specify:
- ☐ I have not experienced any challenges in getting timely cancer care and treatment.

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Progress



72%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What precautions did your provider take while you received treatment during the pandemic? Select all that apply.

- ☐ Required masks
- ☐ Added hand sanitizer to waiting room and/or exam rooms
- ☐ Put social distancing measures in place in waiting room
- ☐ Limited number of family members who could accompany me to appointments
- ☐ Closed the waiting room (patients check in by phone)
- ☐ Limited number of patients in the office at the same time/reduced number of daily appointments
- ☐ Required COVID screening (e.g., temperature check, symptom screener) prior to entering building for treatment
- ☐ Added air purifiers to treatment room(s)
- ☐ Extended access to clinical staff (e.g., 24/7 nurses' line, weekend office hours) to prevent emergency department visits due to side effects
- ☐ Required all clinic staff to be up-to-date with COVID vaccination
- ☐ Offered telehealth visits
- ☐ Other – Please specify:
- ☐ Don't know

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Progress  73%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Were there any precautionary measures for COVID-19 that were a barrier to you receiving treatment?

- ☐ Yes
- ☐ No

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Progress  75%

Please describe your experience (optional):

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Progress 75%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Below is a list of statements that other people with your illness have said are important.

Please select your response to the following statement as it applies to the **past 7 days**.

	1 – Not at all	2 - A little bit	3 - Somewhat	4 - Quite a bit	5– Very much
I have a lack of energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have nausea.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry that my condition will get worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am sleeping well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to enjoy life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am content with the quality of my life right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 76%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

What types of cancer treatment have you received? If you have been diagnosed with cancer more than once, please think about treatment for your most recent diagnosis for colorectal cancer. Select all that apply.

- ☐ IV Chemotherapy
- ☐ Oral Chemotherapy
- ☐ Radiation
- ☐ Surgery
- ☐ Immunotherapy (e.g., interferon or cancer vaccines) or another biological therapy (e.g., Car-T, Gleevec, Iressa, Tarceva, Herceptin, or Erbitux)
- ☐ Hormonal therapy (e.g., Tamoxifen, Adjuvant, Zoladex, Lupron)
- ☐ Precision medicine / targeted therapy (using medication to target specific genes and proteins of the cancer)
- ☐ Bone marrow or stem cell transplant
- ☐ Complementary and alternative therapy (e.g., acupuncture, reiki)
- ☐ Other – Please specify:
- ☐ I have not received any medical treatment for cancer

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Progress 77%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please select whether you have completed the following treatment(s) for your colorectal cancer.

	Yes	No	Don't know
IV Chemotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Chemotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunotherapy (e.g., interferon or cancer vaccines) or another biological therapy (e.g., Car-T, Gleevec, Iressa, Tarceva, Herceptin, or Erbitux)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hormonal therapy (e.g., Tamoxifen, Adjuvant, Zoladex, Lupron)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Precision medicine / targeted therapy (using medication to target specific genes and proteins of the cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bone marrow or stem cell transplant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complementary and alternative therapy (e.g., acupuncture, reiki)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress 78%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

When choosing a treatment course for your cancer, did you consider the costs of specific treatments?

- ☐ Yes, a great deal
- ☐ Yes, somewhat
- ☐ No, not at all

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Progress  79%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

How would you describe your reaction to the money you spent or are spending for cancer treatment?

I spent/am spending...

- ☐ ...more money than I expected
- ☐ ...about as much money as I expected
- ☐ ...less money than I expected

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Progress  80%

CDC Barriers Survey

English ▼

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Overall, how informed did you feel about the potential side effects from treatment?

- ☐ Very
- ☐ Somewhat
- ☐ Not at all

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Progress  82%

Please describe your experience (optional):

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Progress



82%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

In general, how often did your doctor(s) or other healthcare providers show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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Progress



84%

Please describe your experience (optional):

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Progress



84%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

In general, how often did your doctor(s) or other healthcare providers give you as much cancer-related information as you wanted?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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Progress  85%

Please describe your experience (optional):

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Progress  85%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

We will be conducting 1-hour phone /online interviews with a subset of individuals diagnosed with or living with cancer who complete this survey and are willing to volunteer their time. The purpose of the interview is to learn more about your experiences from cancer screening through treatment and beyond.

Would you like to be considered to participate in a 1-hour phone/online interview?

- ☐ Yes
- ☐ No

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Progress  86%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please provide your phone number:

Please provide your e-mail address:

Please retype the email address for confirmation:

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Progress  89%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

The support of a caregiver during your cancer journey can be important. A person in this role typically provides ongoing support at multiple times during your cancer treatment.

If you had someone who fits this description, may we contact them about participating in a brief survey? The survey will ask about their experience providing care. Caregivers must be 18 years of age or older to participate in the survey. They will receive \$40 for completing the survey.

- ☐ Yes
☐ No

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Progress  91%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please provide the name, address, and email-address for this caregiver.

Name:

Street address line 1:

Street address line 2:

City:

State:

Zip code:

E-mail address:

Please retype the email address for confirmation:

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Progress  93%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

As a thank you for completing this survey, we will provide you with \$40. Do you prefer to receive an electronic VISA gift card emailed to you or a check mailed to your home?

Processing time for an e-card is about a week. Processing time for a check is about 3-4 weeks.

- ☐ Electronic gift card emailed to me
- ☐ Check mailed to my home

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Progress  95%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please enter your contact information so that we may send you a \$40 check.

Full name:

Street address 1:

Street address 2:

City:

State:

Zip code:

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Progress  96%

CDC Barriers Survey

English ▼

[Save and Continue Later](#)

Please enter your email address for the electronic gift card:

Please retype the email address for confirmation:

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Progress  98%

CDC Barriers Survey

English ▼

Thank you!

If you have any questions about the survey, please do not hesitate to call us toll free at (833) 997-2714 or email us at CDC_CancerSurvey@rti.org. We may contact you again to complete another brief survey. Please click [SUBMIT] to submit your responses.

Submit

Progress  100%